

INDIANA COMMISSION TO COMBAT DRUG ABUSE
AUGUST 8, 2019
MINUTES

The Indiana Commission to Combat Drug Abuse met on August 8, 2019 at 10:00 A.M., Eastern Time at Indiana State Library, History Reference Room 211, Indianapolis, IN.

Present: Chairman Jim McClelland (Executive Director for Drug Prevention, Treatment and Enforcement); Mr. Douglas Carter, (Superintendent, Indiana State Police); Mr. Robert Carter (Commissioner, Indiana Department of Correction); Ms. Bernice Corley (Executive Director, Indiana Public Defender Council); Mr. Dan Evans; Ms. Deborah Frye (Executive Director, Indiana Professional Licensing Agency); Mr. Devon McDonald (Executive Director, Indiana Criminal Justice Institute); Ms. Patricia McMath (representing the Attorney General); Senator Jim Merritt; Mr. David Powell (Executive Director, Indiana Prosecuting Attorneys Council); Mr. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Judge Mark Smith (Hendricks County Superior Court); Mr. Jeff Wittman (representing the Superintendent of Public Instruction); Dr. Jennifer Walthall (Secretary, Indiana Family and Social Services Administration); Pam Pontones (representing Indiana State Department of Health).

Call to order and consideration of minutes

Jim McClelland, Chairman

Chairman McClelland called the meeting to order at 10:00 a.m. He asked for any revisions to the minutes for the May 9, 2019 meeting. They were approved unanimously.

Story of Recovery

**Katharine Stuart,
Pathway to Recovery**

Ms. Stuart shared the story of her recovery from methamphetamine. She indicated she grew up in Carmel, attended private schools and experimented with illicit substances throughout high school. At age 18, she began experimenting heavily with opioids. From ages 18-20, she was dependent on opioids and in and out of various treatment centers, including Fairbanks. At age 21, she entered a treatment facility and maintained recovery for nine months. Moving on with life, she entered a toxic relationship that became violent due to meth use. Meth use in Jefferson County led to theft, six felony charges and three Department of Child Services cases. She was incarcerated for two months, then entered treatment at the Salvation Army's Harbor Light Center in Indianapolis before moving into their transitional housing for two and a half years. She successfully completed probation and her felony charges were reduced to misdemeanors. Getting life back on track, she worked as an event planner. She eventually was assigned a recovery housing apartment at Pathways to Recovery in Indianapolis, where she found strong peer support, lived independently and regained her relationship with her family and her children. She became a certified peer recovery coach and was offered a role at Pathways to Recovery as Assistant Program Manager in February 2019 and is currently employed in this role. On August 27, Ms. Stuart will celebrate three years in recovery from substance use.

Pathway to Recovery first started to combat homelessness, and then moved on to working with mental health and addiction. Ms. Stuart works as the assistant program coordinator in the entry house, a men's house. Men enter for free after detox and receive mental health services, wrap around services, and assistance with job searches. Pathway to Recovery has semi-independent

housing where individuals can go after completing their stay at the entry house to continue having stability while preparing individuals to live on their own. They also have apartments as part of a sober living community.

Ms. Stuart said that the reason Pathway to Recovery worked for her was because she had not previously taken her addiction seriously. It was not until her twenties that she saw the ways that drugs were detrimental to her. At that point, she needed a longer-term program like Pathway to Recovery to help her transition into employment and give her structure to encourage her when she was considering returning to drugs.

Pathway to Recovery does not have detox facilities, but it is partnered with a variety of other detox programs. They also are referred clients from local jails, especially from Marion County Jail, Hancock County, and Putnamville.

Ms. Stuart said that the safe, affordable housing provided to her through Pathway to Recovery is important to help individuals in recovery from having to live in less-than-ideal circumstances. She thinks that if she had not had a safe housing option, it is likely she would have relapsed into through drug use. Ms. Stuart believes more stories from people in recovery could help young people to be less interested in experimenting with substances.

Report from ICJI

**Devon McDonald,
Indiana Criminal Justice Institute**

Mr. McDonald shared updates from ICJI's substance abuse division. He presented information from their focus groups (conducted in 40 counties), saying that local collaboration efforts are working well throughout the state. One concern is that Indiana youth are buying vape pods with THC out-of-state where they are legal. Another concern is that those with drug-related criminal convictions are barriers to gaining housing and gainful employment. ICJI is continuing to collaborate with LCCs to improve processes and formalize definitions of treatment to help local coordinating councils to distribute funds accordingly. Those funds will be released in September or October to drive local initiatives for combating drug abuse.

Methamphetamine Presentation I

**David Powell,
Indiana Prosecuting Attorneys Council**

Mr. Powell commended the commission on the progress that Indiana has made in combating drug abuse. He said individuals tend to use more than one type of substance simultaneously. Polysubstance use is the norm for police to encounter in the field. Meth production has been an issue in communities for a long time. At one point in his home county, Greene County, production was such a risk that law enforcement thought they would lose control of the issue. Hearing stories from individuals impacted by meth use is what has had the biggest impact on Mr. Powell. He heard from one individual that she discovered her diagnosis of Hepatitis C during her time in a correction facility. Hepatitis C is frequently contracted by meth users. Mr. Powell felt that this public health issue has not received enough attention. His presentation highlights the fact that meth is still a significant problem in Indiana.

When the Indiana General Assembly altered the criminal code, it re-designated and created a number of new Level 6 Felony offenses. Drug offenses that were higher before were moved to the F6 designation. The number of these filings has risen from 44,000 in 2015 to 58,000 in 2018. F6s are projected to fall in 2019. Mr. Powel said that 12% of the current population in DOC is there for meth-related charges. The top two felony filings from 2016-2019 are possession of meth and syringe possession and five of the top ten are drug-related. He then spoke on the top ten misdemeanor filings. Of those, 4 were substance-abuse related. Many of the possession charges are a result of vehicle stops involving pat downs and vehicle searches. These top 20 crime categories account for 60% of prosecutor cases. He stated that because of legislative changes, home-cooking of methamphetamine has all but ceased in Indiana, but the quality of imported meth has risen. Now individuals in Indiana mostly use meth produced south of the U.S. border.

Mr. Powell stated that one need is for state funds available to individuals convicted of substance abuse misdemeanors. The state-funded gap program Recovery Works is available to felons. He said that misdemeanor offenders without insurance could benefit from access state-funded programs.

According to Mr. Powell's presentation, charges of meth dealing are up nearly 200% since 2016. There are three phases of meth use, starting at ingestion, then rising to smoking, and finally (sometimes fatally) injection.

Methamphetamine Presentation II

**Sgt. Taylor Shafer,
Indiana State Police**

Mr. Shafer said that meth is coming across the border, primarily from Mexico. It is smuggled in by the pound and the price has dropped drastically. Mr. Shafer said that the quality of meth has risen from 96% to 99% purity, and the price has dropped such that individuals can purchase significantly more meth. Indianapolis is now a hub for drug trafficking organizations. Mr. Shafer indicated that drugs are often coming directly from the border to Indianapolis, typically via vehicle couriers through passenger cars, car haulers, and commercial motor vehicles. Car haulers are very common, since the drugs are harder to trace back to a cartel. Drugs hidden in passenger cars can be difficult for officers to locate. It takes skilled interdiction officers to find these drugs oftentimes. Parcels are another frequent import method, with packages of 2-5 pounds of meth being shipped overnight from border states to Indiana. Drugs can also be ordered on the dark web directly to a user's residence. Freight carriers also import drugs. The largest bust to date involved a freight carrier with 78 pounds of methamphetamine and 22 pounds of fentanyl. Liquid meth is also smuggled across the border and into Indiana in gas tanks or detergent and then crystalized locally.

Mr. Shafer spoke about drug task forces in Indiana, indicating the multitude of drug task forces in Indiana and the opportunity to improve intelligence and technology sharing. He said the

state's Fusion Center is an important component of that process and that staffing, vehicle fleet enhancements and funding can improve law enforcement efficacy.

Methamphetamine Presentation III

**Pam Pontones,
Indiana State Department of Health**

Ms. Pontones shared information on the methamphetamine epidemic from a health perspective. Data shows that the number of infant umbilical cord blood tests showing amphetamines so far in 2019 has increased. Coroner report data shows that Indiana is making headway in combating opioids, but psychostimulant use is a continued issue. Methamphetamine-related emergency department visits have increased since 2017. County trends show that these visits happen in both urban and rural counties.

Methamphetamine Presentation IV

**Dr. Dan Rusyniak,
Family and Social Services Administration**

Dr. Rusyniak shared on the clinical effects of methamphetamine and the future of treatment and prevention in Indiana. Clinical effects of methamphetamine include activation of the sympathetic nervous system. This is the "fight or flight" system meant to be activated only shortly. Meth causes prolonged activation of this system, causing increased heart rate and high blood pressure, and raising risk of stroke, heart attack, dissected blood vessels near the heart, muscle injury, kidney damage, and hyperthermia. Meth dilates blood vessels, preventing proper cooling of the body, which can cause fatal hyperthermia. Often, this hyperthermia occurs because individuals rapidly ingest large amounts of methamphetamine when their vehicle is pulled over to conceal the substance from law enforcement.

The chronic problems with methamphetamine use are highly concerning. Chronic users experience decreased episodic memory, leading them to repeat damaging activities over again. They have decreased executive function which helps people make good decisions, causing them to prefer short-term rewards over long-term gains. Methamphetamine use also makes it difficult to feel joy or happiness without use and it can cause and exacerbate mental illness. Methamphetamine use can cause psychosis, making the user lose touch with reality and become paranoid. It also decreases sleep, which contributes to psychosis and paranoia as well. It can also cause profound dental decay.

To treat these individuals, it is helpful to have direct handoffs from emergency departments to local treatment centers. One issue with methamphetamine treatment is that there is no reversal agent like there is with opioids. However, sedatives are frequently used during detox, as they help manage issues like seizures. On a more positive note, many of the programs implemented and research conducted to combat opioid abuse will be of benefit in dealing with those who abuse meth. However, Dr. Rusyniak noted that the lack of reversal agents for methamphetamine use is a significant problem.

Dr. Rusyniak shared that Indiana needs to continue creating recovery programs that are as substance-agnostic as possible and that educational programs are centered on avoiding all

substance use. He also said that leaders across agencies (FSSA, ISDH, DOC, and DCS) understand that – while we focused on opioids – the larger problem is addiction and we’re creating the infrastructure and trying to address the root causes, including trauma and mental illness with our trauma-informed recovery oriented systems of care.

Methamphetamine Presentation V

**Stephanie Anderson,
Indiana Department of Correction**

Ms. Anderson presented on IDOC’s Recovery While Incarcerated program. Their goals include providing the right treatment in the right place at the right time, developing a continuum of care, providing a recovery-based environment, and focusing on individualized treatment curriculums. Self-help support groups are helpful, but they are not the treatment itself. The treatment is DBT skills training, an offshoot of cognitive behavioral therapy. DOC has also increased its initial screening of individuals and has found that approximately 70% of offenders at intake meet criteria of having a diagnosable substance abuse disorder. IDOC is moving its addiction recovery services toward a medical model. Comorbidity of mental and physical disorders among drug users is very high, and IDOC needs to expand access to care for these individuals. IDOC is also seeking to improve appropriate use of MAT treatment options.

Ms. Anderson highlighted the difference between jail-based treatment and prison-based treatment. Individuals in a jail are there for less than a year and it’s important that those individuals become interested in local treatment options that they can complete after release from jail. Jails should coordinate more with local partners, as rapid transitions in and out are more likely. On the other hand, offenders in prisons are there for longer periods of time, so prison-based programs can help dependent individuals form new healthy habits.

Ms. Anderson then discussed individuals’ methamphetamine use in the year prior to incarceration. The most frequent substance use in the male offenders (in order) is tobacco, cannabis, alcohol, and methamphetamine. In the female population, the frequent substances are tobacco, stimulants, cannabis, opioids, and alcohol. Ms. Anderson then discussed re-arrest data (individuals released from the DOC and arrested again within twelve months). On average, the department has a lower re-arrest rate than the national average, which is true for those with drug-related offenses as well. For individuals who received treatment with the DOC, both those who graduated and those who were in treatment up until their release, the re-arrest rate was lower than that of individuals who did not receive treatment. Those who failed treatment were most likely to be re-arrested, often due to a behavioral issue or withdrawal from the program.

Methamphetamine Presentation VI

**Christy Berger,
Indiana Department of Education**

Ms. Berger introduced her DOE colleague, Jeff Wittman, who spoke about the efforts in schools to prevent and end drug use. He shared that DOE has many partnerships to address this issue. DOE has a contract with the Overdose Lifeline program, which offers trainings to youth and teachers. School safety initiatives offer instruction on what drug use looks like. School nurses are also helping by learning to use naloxone and stocking naloxone, which is now in approximately

two-thirds of Hoosier schools. DOE is also growing in its understanding of trauma and its effect on children's education.

Ms. Berger then spoke on the importance of social-emotional learning programs, which have yielded a lot of progress. They can produce academic gains of 11%. She said that for every dollar that communities spend on this type of learning, they're seeing eleven dollars in community return. Kindergarteners who are taught skills like healthy habits and responsible decision-making are more likely to graduate, less likely to commit crimes, and more likely to have full-time employment. DOE is in the process of identifying what local schools are doing in this area and how best practices can be implemented in more schools.

Methamphetamine Presentation VII

**David Powell,
Indiana Prosecuting Attorneys Council**

Mr. Powell wrapped up by emphasizing that methamphetamine use is a large issue, but only 6% of users think that they have a problem. Improving prevention and treatment options will help Indiana's ability to combat this epidemic.

Meeting adjourned at 12:02 p.m.

The next meeting will be held on Thursday, November 7, 2019 at 10 a.m. ET.